



PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. 10/623,051  
Applicant(s): GUNTHER MICHAEL, ET AL.  
Filed: JULY 18, 2003  
TC/A.U. TBA  
Examiner: TBA  
Title: HYDROPHOBIC SILICA

Confirmation No.: 3961

Docket No.: 032301.0901  
Customer No.: 25461

**MAIL STOP NONFEE AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Sirs:

**SECOND PRELIMINARY AMENDMENT**

Before the first Official Action, please amend the above-identified application as follows:

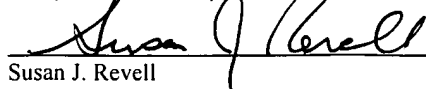
**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.

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Susan J. Revell



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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/623,051
	Filing Date	07/18/2003
	First Named Inventor	GUNTHER MICHAEL
	Art Unit	1714
	Examiner Name	To Be Assigned
Total Number of Pages in This Submission	Attorney Docket Number	032301.0901

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Attachment: "Schriftenreihe Pigmente Nr. 11"; Return Receipt Postcard</b>		
<table><tr><td>Remarks</td><td></td></tr></table>			Remarks	
Remarks				

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert G. Weilacher, Reg. No. 20,531
Signature	
Date	March 9, 2004

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Signature		Date	March 9, 2004

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